

Preferred Drug List Exceptions
Prior Authorization Criteria

Criteria to be satisfied for approval of non-preferred drugs:

1) Beneficiary must have used two preferred agents for a thirty (30) day course of treatment per drug (as reflected in paid Medicaid claims) and failed trials, within six (6) months prior to requesting the PA

OR

2) Documentation of therapeutic failure of preferred drugs

OR

3) Documentation of stable therapy as reflected in ninety (90) days of paid Medicaid claims.

Approval will not be granted for non-FDA approved indications. No payment may be made under the Medicaid program for services, procedures, supplies or drugs which are still in clinical trials and/or investigative or experimental in nature.

Criteria Exceptions

Exceptions to the PDL criteria may be considered by the Pharmacy Benefits Manager if there is sufficient documentation of:

- Adverse event(s) reactions(s) to preferred agents

OR

- Therapeutic failure(s) of preferred agents

OR

- Contraindications to preferred agent(s) i.e. drug interaction, existing medical condition preventing the use of preferred agent(s).

When applicable, a copy of a MedWatch form may be requested. The MedWatch form can be found at <http://www.fda.gov/medwatch/safety/3500.pdf>.